. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29988

State File No.

Registration District No. 47 Primary Registration District No. 3168 Registrar's No. 278

14
0
0

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - McCredie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Miles S.W. McCredie
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural - McCredie
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles S.W. McCredie
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Cleora Taylor Thomasson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Thomasson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 25 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	1	29	hr. min.

9. Birthplace Calwood (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Robt. W. Thomasson
13. Birthplace WC (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Ida Steele
15. Birthplace WC (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Cora Thomasson
(b) Address McCredie, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 25 (Day) 1942 (Year)
(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Les G. Wallace
(b) Address Fulton Missouri

19. (a) 8-24-1942 (Date received local registrar) (b) Josie Morauschoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 24
year 1942 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10/27/41
....., 19....., to 8/20 1942
that I last saw him alive on 8/20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
chr. cardiovascular renal disease	years
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131a

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Henry Drust (M. D. or other) M.D.
Address Fulton, Mo Date signed 8/24/42

1141 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by James R. Cady, Registered Apprentice No. 329, working under my personal supervision.

Signed Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.